## Questions and Answers for Private Providers on Centralized Vaccine Distribution

Q1. How will we be updated on VMBIP information?

**A1**: Updates will primarily come to you through your local health department Immunization Program. MDCH will be adding a VMBIP site as we move closer to the actual transition date. The CDC website is available and you can register to receive automatic updates by email at http://www.cdc.gov/nip/vmbip/. Information will also be posted at <a href="https://www.michigan.gov/immunize">www.michigan.gov/immunize</a>, the MDCH immunization website.

**Q2**. How can I find out more about this distributor?

**A2**: You can find more information on McKesson Specialty Distribution by visiting <a href="https://www.McKessonSpecialty.com">www.McKessonSpecialty.com</a>.

Q3. What is the expected delivery timeframe of orders?

**A3**: McKesson will abide by the following regulations in regards to shipment of orders:

- a) McKesson will ship orders such that the first delivery attempt will fall within the acceptable shipment times as identified by the provider.
- b) McKesson shall process each order so that the time between order receipt and order shipment meets the following requirements:
  - a. 80% of orders shipped within three shipping days
  - b. 100% of orders shipped within five shipping days
- c) McKesson shall choose a mode of shipment whose total in-transit time does not exceed 48 hours.
- d) Providers should receive their vaccine orders in 10- 14 days from the time they place their orders with the LHD.

**Q4**. If there is a customer service issue, who do we call during transition?

**A4**: The local health department will facilitate resolving issues with providers in their jurisdiction.

**Q5**. Will VODS (Vaccine Ordering and Distribution System) be provider or state based?

**A5**: VODS is provided to the states by CDC, and will provide a standard messaging interface to external information systems; this would include registries and other systems. MDCH will oversee orders to ensure they fall within pre-prescribed thresholds. Michigan, along with several other states, is working to utilize their registries (MCIR) as a mechanism for providers to place orders. There is a technical workgroup looking at these issues and working to determine the best possible e-ordering set up for our state.

**Q6**. What is the VODS timeline?

**A6**: Delays currently do exist and are due to requirements gaps. Once those gaps have been corrected, we will be able to provide a timeline. It is possible, and also probable, that VODS will not be available until after our "go-live" date of January 14, 2008. There are many states currently using or testing their registries and e-ordering system. We will continue to update LHDs with the status of VODS.

- **Q7**. From where will the centralized distributor ship and will there be other central distributors that represent other regions (East, West, etc.) of the US?
- **A7**. McKesson has been selected as the vendor for the entire U.S. McKesson will be shipping from Memphis, TN. Additional facilities will be added at a later date.
- **Q8**. Are there any particular dates or months when the centralized distributor will not be able to ship vaccines (i.e. the week of Thanksgiving, month of December)? **A8**: McKesson will be open all year around except for these national holidays:
  - Washington's Birthday
  - Memorial Day
  - > Independence Day
  - ➤ Labor Day
  - Veterans' Day
  - ➤ Thanksgiving Day
  - Christmas Day
  - ➤ New Year's Day
  - Columbus Day
  - Martin Luther King Day
    - o Any other day designated by Federal Statute
    - Any other day designated by Executive Order
    - Any other day designated by Presidential proclamation

Unscheduled Facility Closures: In the event the Government facilities are closed due to inclement weather, potentially hazardous conditions, and other special circumstances, contractor personnel assigned to work within those facilities are automatically dismissed. In each instance, McKesson agrees to continue to provide sufficient personnel to perform round-the-clock requirements of critical tasks already in operation or scheduled, and shall be guided by the instructions issued by the Contracting Officer or his duly appointed representative.

- **Q9**: How will the centralized distributor handle emergency orders/situations? **A9**. Providers may request vaccines on a priority basis if there is a serious emergency (outbreak of vaccine preventable disease or special mass clinic scheduled) but the state will be charged a premium from McKesson for each shipment that contains a priority order. CDC will be monitoring MDCH to ensure that we are not abusing priority shipping for the sake of convenience. Upon receiving a priority provider order from Michigan, McKesson shall:
  - a) Expedite its packing and shipment of vaccines by placing it ahead of other routine orders and by choosing a faster shipment method (i.e. overnight). Orders received shall be processed by McKesson within one business day of McKesson's receipt of the orders.
  - b) Choose a shipment mode that will guarantee that the vaccine will arrive in viable condition.

Local health departments can work with MDCH VFC staff to arrange for receipt of the shipment on a Friday or Saturday if desired and if the provider will be available to receive the shipment. Q10. Can we place an order for just flu vaccine?

**A10**: Yes.

**Q11**: How will the centralized distributor monitor and manage the thresholds on the quantity of vaccines states or providers can order?

**A11**: McKesson will be given the total amount Michigan is allowed to order. How the vaccine is allocated among the individual providers is determined by MDCH. We expect that LHD will approve orders that fall outside the profile range, based on criteria provided by MDCH and with MDCH approval.

MDCH will use a spend plan in monitoring the vaccines that are in shortage. MDCH will be monitored (by CDC) against what is stated in the spend plan and the actual orders that are distributed to each provider.

**Q12**: What will happen if that ordering threshold is approached or breached, or if there is a vaccine shortage?

**A12**: Michigan will be notified of our vaccine allocation regularly by CDC. States will receive month-to-date reports that are detailed to the antigen level from CDC. This will provide weekly information on each antigen. As stated above, it is up to the states to manage a shortage vaccine at the provider level. McKesson will also be given this vaccine allocation. Once the vaccine allocation has been distributed, there may be a short or long term delay for additional fulfillment of provider orders depending on the severity of the vaccine shortage.

**Q13**: How does McKesson plan to incorporate each provider's operating hours/information into their order fulfillment process?

A13: Michigan saves provider delivery instructions on the electronic Vaccine Management (VACMAN) system in a notes field. VACMAN is accessible only by MDCH VFC staff. The standard adoption will require MDCH staff to manually update individual provider shipping information in VACMAN and include provider open days and special shipping instructions, including emergency and back up address and hours of operation information.

**Q14**: What is McKesson's experience with vaccine shipping?

**A14**: Currently, they ship over 1,000 cold chain packages per day. Vaccines have been part of their product mix for the last several years servicing oncology accounts and physician offices. McKesson is one of the largest distributors of vaccines in the US.

**Q15**: How will the influenza vaccine supply / distribution be implemented? **A15**: Michigan will continue to order VFC influenza vaccine as it is currently ordered. The VFC flu vaccine for the 07-08 season has been pre-ordered thru CDC. We anticipate receipt and distribution to be completed prior to our "go-live" date.

**Q16**: How will vaccine wastage be reported, by whom? (Since Michigan will dismantle our in-house shipping facility and no longer distribute vaccine, we cannot be expected to process wasted vaccine supplies.)

**A16**: Providers should continue to follow the policy designated by their LHD to report compromised vaccine to LHDs (this would include vaccine loss reports and

payment to LHD for lost vaccine), who will then contact MDCH field reps to approve the vaccine loss reports and the providers plan to prevent future losses. Once the paperwork is approved by the LHD and field reps, providers will be instructed on how to return all non-viable vaccine directly to McKesson. McKesson will ship all non-viable vaccine returned to the Manufacturers for excise tax credit. Provider orders to re-stock vaccine after a loss will be approved by the LHD.

**Q17**: How will redistribution be handled?

**A17**: Contact your LHD if you have vaccine soon to expire (3-6 months) or have overstock or other inventory issues. LHDs may assist in redistribution of the short dated vaccine. It is important to note that the LHD may not be able to use all the vaccine returned by the short expiration date and the provider will be responsible for any vaccine wasted. We do not have insurance that will cover loss or wastage that involves redistribution of a vaccine; therefore accurate ordering is very important.

Q18: Will we be able to break packages (smaller than 10 doses)?

**A18**: MDCH is unsure at this time. We hope to develop a way for LHDs to assist with providers who just need one or two doses (for example of DT or PPV23). However, insurance will again be an issue if doses are compromised.

**Q19**: Will brand and presentation choice be available, or will providers be expected to take whatever they are given?

**A19**: Brand choice is available currently as storage allows at the LHD level. Once we move to centralized distribution, brand choice may be expanded.

**Q20**: How much inventory at one given time should providers have, and how many months of inventory can providers order?

**A20**: 1-2 months of inventory will be the norm, but LHD will work with providers if this is not possible due to storage capacity or need. Final amounts (between 1-3 months) will be based on a formula per CDC and MDCH.

**Q21**: What will the shipping boxes look like? Do we recycle or reuse them, or throw them away?

**A21**: Vaccine packaging is recyclable. McKesson uses a Styrofoam insert in cardboard boxes. The packages will come with return postage labeling so the packages can be returned via mail for re-use. They will also be marked with "Refrigerate on arrival" and "Medical Shipment" stickers. There is also an easy-to-read temperature monitor. Please see the MDCH website at <a href="https://www.michigan.gov/immunize">www.michigan.gov/immunize</a> for a photo.

**Q22**: Are there assurances of not receiving short-dated vaccine?

**A22**: McKesson typically doesn't send anything short-dated. We don't anticipate that this will change.

**Q23**: Who adds the VFC provider profile information to the ordering system?

**A23**: LHDs will provide updated profile information (change in address or provider name) to MDCH as needed. MDCH will update the system with the new information.

**Q24**: Will we require temperature logs at the time of the order?

**A24**: Because during redistribution instances it will be required, LHDs will collect monthly temp logs when orders are placed or as instructed by your LHD.

**Q25**: At what point will CDC be considering recommending products to store vaccine (i.e. certain styles/sizes of refrigerators and freezers).

A25: MDCH has not heard anything on this.

**Q26**: Can we order more than 2x per month if we do not have enough storage space for more?

**A26**: see Q/A20. We expect to be able to give you clearer guidance in the coming months using a tiered ordering frequency formula prescribed by CDC.

**Q27**: What if a provider uses a private dose then finds out that the client was VFC eligible. (For example: insurance says not covered and denies claim). How will the practice be able to take a VFC dose out of inventory, without showing it went into that patient?

**A27**: Now, it's typically taken from VFC inventory and put into private inventory. We anticipate some type of override in the ordering and accountability system via MCIR that LHD only will have access to. The opposite could also happen, using VFC stock and find out after the fact it should have been private.

**Q28**: Since both private stock and VFC vaccine will now come via UPS or Fed Ex, what will prompt a provider office staff person that a shipment is VFC (i.e. to differentiate it from private stock), and insure that it is labeled and used for VFC only?

**A28**: We believe the packages will have some sort of VFC packing slip or some indication that it is VFC vaccine.

**Q29**: Will there be weather restrictions for delivery?

**A29:** MDCH may request suspension of shipping due to extreme weather conditions or other emergencies. McKesson monitors temperatures of the destination zip codes to ensure safe delivery. In the event that a provider receives vaccine outside the appropriate temperature range, McKesson is responsible for replacing the vaccine.

**Q30:** Will clinics that transfer data have the ability to use the Vaccine Inventory Module (VIM) in MCIR?

**A30:** All electronic medical record and billing vendors and clinics who transfer data were sent a letter in November notifying them of the need to enhance their transfer files to include Manufacturer, Lot Number, Dose Quantity and Eligibility. Several of the electronic medical record vendors have modified the transfers for the clinics to include these fields. Others may not be ready until January. Many billing systems will not have the ability to modify their systems to include this information. The clinics that are transferring billing data will have to begin entering data manually in MCIR in order to use the Vaccine Inventory Module to participate in the VFC program. Another MCIR letter is being sent in June to remind clinics about these changes.